CLAIMS ONLY	Application Number	Filing Date
	10/700099	
	Applicant(s)	

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT				Indep	Depend	Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend								
1							51							
2	1						52							
3		1					53							
4	1						54							
5	1						55							
6	1						56							
7	1						57							
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17		1					67							
18		1					68							
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20	1						70							
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43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
Total Indep	7						Total Indep							
Total Depend	17						Total Depend							
Total Claims	24						Total Claims							